

Docket No. 219928US0



RECEIVED
NOV 10 2003
TECH CENTER 1600/2900

IN THE UNITED STATES PATENT & TRADEMARK OFFICE

IN RE APPLICATION OF :

Francine BALDO, et al. :

EXAMINER: G. Yu

SERIAL NO: 10/078,409 :

FILED: February 21, 2002 :

GROUP ART UNIT: 1617

FOR: COMPOSITION FOR TOPICAL APPLICATION
COMPRISING AT LEAST ONE HYDROXYSTILBENE
AND AT LEAST ONE POLYOL TO SOLUBILIZE THE
HYDROXYSTILBENE

AMENDMENT AND REQUEST FOR RECONSIDERATION

ASSISTANT COMMISSIONER FOR PATENTS
WASHINGTON, D.C. 20231

SIR:

In response to the Office Action mailed July 3, 2003, Applicants respectfully request reconsideration of the above-identified application in view of the following amendments and remarks.

Amendments to the Claims begin at page 2 of this paper.

Remarks begin at page 11 of this paper.

11/04/2003 ZJUHA1 00000063 10078409

01 FC:1202
02 FC:1201

396.00 OP
172.00 OP

Docket No. 219928US0

IN RE APPLICATION OF: Francine BALDO, et al.

SERIAL NO: 10/078,409

FILED: February 21, 2002

FOR: COMPOSITION FOR TOPICAL APPLICATION COMPRISING AT LEAST ONE HYDROXYSTILBENE AND AT LEAST ONE POLYOL TO SOLUBILIZE THE HYDROXYSTILBENE



COMMISSIONER FOR PATENTS
ALEXANDRIA, VIRGINIA 22313

SIR:

Transmitted herewith is an amendment in the above-identified application.

- ☐ No additional fee is required
- ☐ Small entity status of this application under 37 C.F.R. §1.9 and §1.27 is claimed.
- ☒ Additional documents filed herewith: Petition for Extension of Time (1 Month)

The Fee has been calculated as shown below:

CLAIMS	CLAIMS REMAINING		HIGHEST NUMBER PREVIOUSLY PAID	NO. EXTRA CLAIMS	RATE	CALCULATIONS
TOTAL	42	MINUS	20	22	x \$18 =	\$396.00
INDEPENDENT	5	MINUS	3	2	x \$86 =	\$172.00
		<input type="checkbox"/> MULTIPLE DEPENDENT CLAIMS			+ \$290 =	\$0.00
		TOTAL OF ABOVE CALCULATIONS				\$568.00
		<input type="checkbox"/> Reduction by 50% for filing by Small Entity				\$0.00
		<input type="checkbox"/> Recordation of Assignment			+ \$40 =	\$0.00
		TOTAL				\$568.00

- ☒ A check in the amount of \$678.00 is attached for the additional claims and a one-month extension of time.
- ☐ Credit card payment form is attached to cover the fees in the amount of \$0.00
- ☒ Please charge any additional Fees for the papers being filed herewith and for which no check or credit card payment is enclosed herewith, or credit any overpayment to deposit Account No. 15-0030. A duplicate copy of this sheet is enclosed.